

Please note:

Before completing the enrolment application form, be sure to read the application guide to find out about workplace skills development strategies and programs, and their requirements. This will help you complete the application form correctly.

**Section 1 – Applicant identity**

Last name and first name													
Social insurance number		Date of birth Year    Month    Day			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Preferred language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English		E-mail				
Home address	Number		Street, range road or P.O. box					Apartment					
	Municipality									Postal code			
	Province					Country							
Home telephone	Area code		Number		Work telephone	Area code		Number	Extension	Cellphone	Area code		Number

**Section 2 – Program information**

Indicate the name of the program in which you wish to enrol and the corresponding code. To do so, please read the application guide. *Please complete a separate form for each program.*

Program name

Program code

Type of application

- Enrolment in a program
- Certificate of qualification from Emploi-Québec expired more than six years ago
- Recognition of skills
- Recognition of training credentials under a mutual recognition arrangement with France
- Recognition of skills under an interprovincial agreement on manpower mobility with Ontario
- Recognition of skills under the Pan-Canadian Agreement on Internal Trade

**Section 3 – Employer information**

Are you currently studying in the field for which you are filing this enrolment application?

Yes     No    If “Yes,” skip to section 4.

Business name

Québec business number (NEQ)

Business address	Number		Street, range road or P.O. box					Apartment			
	Municipality									Postal code	Web site

Telephone	Area code		Number		Extension	Fax	Area code		Number	E-mail	
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Business representative

First and last name of qualified worker (or journey person)

Is the business unionized?     Yes     No

## Section 4 – Information about the applicant’s training and experience

### Training

Have you taken any pertinent training courses related to the qualification program in which you wish to enrol?  Yes  No

If “Yes,”

– Please give the names of the courses that you have taken and the names of any diplomas, attestations or certificates obtained:


– Please attach a legible photocopy of each transcript (statement of grades), diploma, attestation or certificate. In the case of a diploma issued by the Ministère de l’Éducation nationale de France, enclose a certified true copy (see definition in the Information Guide).

### Certificates of qualification

Do you hold any occupational (vocational) qualification certificates?  Yes  No

If “Yes,”

– Please indicate the title of each certificate:


– Please attach a legible photocopy of each diploma, attestation or certificate.

### Confirmation of employment

Do you have pertinent work experience related to the program in which you wish to enrol?  Yes  No

If “Yes,” please attach a confirmation from an employer for each pertinent work experience related to the program indicated in section 2.

## Section 5 – Fee

Fee payable: \$

Please check the means of payment:  Cheque  
 Money order

*Your cheque or money order must be made out to the Minister of Finance of Québec.*

## Section 6 – Signature of applicant

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Date

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Signature

## Section 7 – Authorization to disclose information

**I authorize** my current employer and previous employers to disclose information from my employment or vocational training file. If I have declared any acquired or recognized experience, training or qualification, I also authorize my current employer and my previous employers, as well as the pertinent training and apprenticeship organizations if any, to disclose information from my file.

**I authorize** Emploi-Québec and the educational institutions that provide training related to a Drinking Water Operator Qualification Program to exchange the information required to process my application for qualification under such a program.

**I am aware** that if I enrol in an interprovincial qualification examination, Emploi-Québec will disclose information from my apprenticeship and examination file to Canadian organizations within the management framework for the Interprovincial Standards Red Seal Program.

**I am also aware** that the information contained in this form will be entered into the Interprovincial Computerized Examinations Management System (ICEMS) and that some of this information will be disclosed to Statistics Canada, in compliance with the *Statistics Act*.

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Date

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Signature of applicant